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**\*BIBDATASHEET\***

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CONFIRMATION NO. 7820

SERIAL NUMBER 10/635,909	FILING OR 371(c) DATE 08/07/2003 RULE	CLASS 600	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 08203.0003-02
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/618,848 07/15/2003 ABN  
 which is a CON of 09/804,418 03/13/2001 PAT 6,623,426  
 which is a CON of PCT/IE99/00127 12/01/1999  
 This application 10/635,909  
 claims benefit of 60/401,759 08/08/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IRELAND 980999 12/01/1998  
 IRELAND 990107 02/15/1999  
 IRELAND 990108 02/15/1999  
 IRELAND 990110 02/15/1999  
 IRELAND 990112 02/15/1999  
 IRELAND 990416 05/24/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/03/2003

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IRELAND	7	27	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

22852

**TITLE**

SURGICAL DEVICE

FILING FEE RECEIVED 1198	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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 LHM